

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010865

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 78

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Smithville

Length of stay in 1b

1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clay

c. CITY
OR
TOWN

Smithville

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Smithville Community Hosp.

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

None

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Elmer

Middle

Lee

Last

Meek

4. DATE

Month

Day

Year

OF
DEATH

April 4 1963

5. SEX

Ma

6. COLOR OR RACE

Wh

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-18-96

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Proprietor

10b. KIND OF BUSINESS OR INDUSTRY

Garage

11. BIRTHPLACE (City and state or country)

Clay Co., Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Perry Meek

13b. MOTHER'S MAIDEN NAME

Mary Adams

14. NAME OF HUSBAND OR WIFE

Bessie Miller Meek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

8

17. INFORMANT

Marcus Meek Rt. 20 Kansas City, Mo

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ruptured Abdominal Aneurysm

INTERVAL BETWEEN ONSET AND DEATH

6 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Arteriosclerosis

10 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic heart disease Recant "CUA"

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1956

to 4-4-63

and last saw him alive on

4-4-63

Death occurred at

4:15 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

David R. Charles MD

22b. ADDRESS

Smithville, Mo

22c. DATE SIGNED

4-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Apr. 6, 1963

23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Cemetery

23d. LOCATION (City, town, or county)

Smithville, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

McComas Funeral Home Smithville, Mo.

25. DATE RECD. BY LOCAL REG.

4-6-63

26. REGISTRAR'S SIGNATURE

Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 6000

2 6000

3

4 0

5 2

6

7 0

8 2

9 451X

10

11

12 4-0

13 2-0

APR 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Donald W. Hanks

Licensed Embalmer No. 45-28

P. O. Address Smithville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.